

PCV12

SEASONAL VARIATIONS OF THE OCCURRENCE OF ACUTE MYOCARDIAL INFARCTION IN HUNGARY BETWEEN 2000–2004Kriszbacher I¹, Boncz I², Oláh A¹, Bódis J¹¹University of Pécs, Pécs, Hungary, ²National Health Insurance Fund Administration, Budapest, Hungary

OBJECTIVES: Although routinely collected data might have some biases compared to professional registries or medical trials, a health care financing agency is interested in these administrative data, because the financing of health care institutions is based on these administrative data. The purpose of this study was to analyse the seasonal occurrence of acute myocardial infarction (AMI) during the year on an administrative dataset. **METHODS:** Data derive from the database of the National Health Insurance Fund Administration, the one and only health care financing agency in Hungary, containing routinely collected financial data for the year 2002. Patients were selected with AMI diagnosis with the I21 and I22 codes of the International Classification of Diseases (ICD), admitted to acute care hospitals in 2002. We extracted the time of hospital admission from hospital records and patients having more AMI during the year were counted again. Our study provides a nation wide coverage of Hungary for 2002. We calculated the average number of AMI cases (incidence) per month with 95% confidence interval. Statistical analysis as one-way analysis of variance (ANOVA) was carried out with SPSS 14.0 for Windows. **RESULTS:** Altogether N = 16,418 patients were included into the analysis. The daily number of patient with AMI diagnosis proved to be the lowest in July and August with average 38–39 cases per day. The highest incidence was observed in March, April and May with an average incidence of 49, 51, 49 cases per day respectively. Statistical analysis resulted in F = 4744 which is highly significant (p < 0.001) value. **CONCLUSION:** The occurrence of AMI showed highly significant seasonal variations within the year 2002 on our nationwide dataset. We emphasize the role of large administrative databases in order to analyse “real word” data.

PCV13

METABOLIC SYNDROME PREVALENCE IN A HYPERTENSIVE POPULATIONShaya FT¹, Gu A¹, Saunders E²¹University of Maryland School of Pharmacy, Baltimore, MD, USA,²University of Maryland School of Medicine, Baltimore, MD, USA

OBJECTIVES: To assess the prevalence of metabolic syndrome in an urban, high risk, predominantly African American hypertensive population. **METHODS:** The study is part of the NHLBI U01 grant “Baltimore Partnership Programs to Reduce Cardiovascular Disparities”. Risk factors for metabolic syndrome were assessed at baseline, and include risk factors of abdominal obesity (BMI ≥ 30), high triglycerides (triglycerides ≥ 150 mg/dL), low HDL cholesterol (HDL < 40 mg/dL in men, or HDL < 50 mg/dL in women), elevated blood pressure (BP ≥ 130/85 mmHg), and elevated fasting glucose (blood glucose ≥ 100 mg/dL) °C per American Diabetes Association criteria. We assessed the number of patients with risk factors for metabolic syndrome across race (Black vs. White patients) and gender, and compared the average values of above indexes with metabolic syndrome criteria. **RESULTS:** Out of a 321 patients, there were 17 white women, 17 white men, 191 black women and 96 black men. By racial and gender groups, 4 White women (23.5%), 7 White men (41.2%), 33 Black women (17.3%) and 28 Black men (29.2%) had 3 or more risk factors for Metabolic Syndrome. On average, study subjects are higher in BMI, blood glucose level, blood pressures and HDL, and lower in triglyc-

erides level when compared with Metabolic Syndrome Criteria. Black patients have higher BMI, systolic blood pressure, and HDL and lower in triglycerides levels than their matched white patients, however blood glucose levels are higher among whites. Women have higher BMI and HDL, and lower blood glucose and triglycerides levels than men. The differences are statistically significant (P < 0.05). **CONCLUSION:** Risk factors for metabolic syndrome are highly prevalent in this urban high risk population. Based on ADA criteria, black patients and women have more risk factors for metabolic syndrome than whites and men, respectively.

PCV14

SURVIVAL ANALYSIS OF PATIENTS WITH ACUTE MYOCARDIAL INFARCTION ACCORDING TO HOSPITAL TYPEBoncz I¹, Takács E², Belicza É², Sebestyén A¹, Kriszbacher I³, Oláh A³, Bódis J³¹National Health Insurance Fund Administration, Budapest, Hungary,²Semmelweis University, Budapest, Hungary, ³University of Pécs, Pécs, Hungary

OBJECTIVES: Although routinely collected data might have some biases compared to registries or medical trials, a health care financing agency is interested in these administrative data, because the financing of health care institutions is based on these “real word” data. The purpose of this study was to analyse the 1 year survival rate after acute myocardial infarction (AMI) according to the type of hospitals. **METHODS:** Data derive from the database of the National Health Insurance Fund Administration (OEP), the only health care financing agency in Hungary, containing routinely collected financial data for the year 2004. Patients were selected with AMI diagnosis with the I21 and I22 codes of the International Classification of Diseases (ICD), admitted to acute care hospitals in 2004. Statistical analysis was carried out with SPSS 14.0 for Windows. We created Kaplan-Meier survival curves and calculated chi-square values (Mantel-Cox log rank test). **RESULTS:** Altogether N = 16,451 patients were included into the analysis. We found the highest survival rates at universities (80.5%, N = 2224) and national medical institutes (81.6%, N = 904). The city hospitals (71.7%, N = 5216), county hospitals (69.5%, N = 5221) and the hospitals of Budapest (68.1%, N = 2780) had similar survival rates. Some special hospitals had the lowest (56.6%) survival rate, but the number of patients (N = 106) was very low. The log rank test resulted in a chi-square value of 168.711 with 5 degree of freedom resulting in a significant difference (P < 0.001). The average age of patients was the lowest at universities but the difference was not statistically significant. **CONCLUSION:** The survival of patients depends on the type of hospital. We emphasize the role of large administrative databases in order to analyse “real word” data.

PCV15

NEW DIAGNOSIS OF HYPERTENSION AMONG CELECOXIB AND NON-SELECTIVE NSAID USERS: A POPULATION-BASED COHORT STUDYWang J¹, Mullins CD¹, Mamdani M², Rublee DA², Shaya FT¹¹University of Maryland School of Pharmacy, Baltimore, MD, USA,²Pfizer, Inc, New York, NY, USA

OBJECTIVES: The use of Nonsteroidal Anti-Inflammatory Drugs (NSAIDs) has been associated with increased blood pressure and hypertension. However, less is known about the risk of hypertension associated with celecoxib, the only COX-2 selective inhibitor (coxib) available in the US market, in a real world setting. The objective of this study is to compare the risk of inci-